

PROVIDER INQUIRER

July 1st, 2006

www.michigan.gov/mdch

Enrollment of Newborns into Medicaid Health Plans (MHPs)

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L-Letter 06-17 went out to all Hospital Administrators and Medicaid Health Plans, dated May 2006, which explained the roles of Hospitals, MHPs and the Michigan Department of Community Health (MDCH) in the process for the enrollment of newborns.

Currently MDCH is not receiving timely Electronic Birth Certificate submissions from all Michigan hospitals. Because children born to mothers enrolled in MHPs must be enrolled into the mother's plan within 30 days of birth, timely submission of the Electronic Birth Certificate is critical.

MDCH operates an automated enrollment system that depends upon receipt of the Electronic Birth Certificate to generate the newborn's enrollment in the MHP. The automated enrollment process also facilitates the hospital's ability to receive prompt payment from the MHP. If the hospital bills Medicaid before the newborn is enrolled in the MHP, Medicaid's payment system will process the claim. However, MDCH recoups all monies paid by Medicaid to hospitals for newborns who are subsequently enrolled in MHPs and the hospital is directed to bill the MHP.

MDCH strongly encourages hospitals to report all births within one week of birth through the Electronic Birth Certificate system. Even if the hospital submits a paper birth record as a result of an internal process, the hospital is still encouraged

to submit this birth through the Electronic Birth Certificate system.

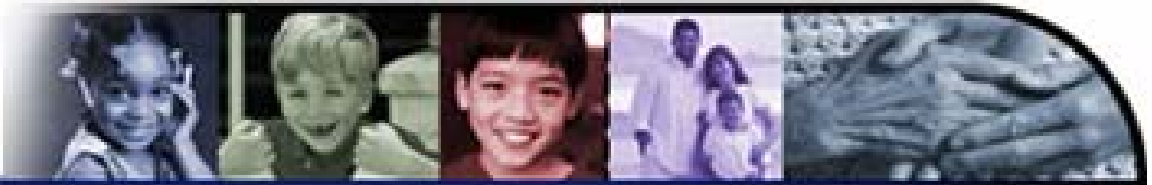
Please refer to L 06-17 for more clarification. If you have any questions, please contact the Provider Inquiry Unit at 1-800-292-2550 or ProviderSupport@michigan.gov.

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What's New



Medicaid's New System

MDCH is pleased to announce that it has executed an agreement with Client Network Services, Inc. (CNSI) to implement a new Medicaid Management Information System (MMIS). MMIS is a claims processing and information retrieval system.



The new MMIS system has been named **CHAMPS**, for **Community Health Automated Medicaid Processing System**. MDCH is confident that the new **CHAMPS** system will make everything about Medicaid easier for providers.

The new **CHAMPS** system will be an online web portal, so it can be easily accessible anywhere with Internet access. **CHAMPS** will allow providers to enter information directly into the system. Just a few of the many benefits include: Online Claim Status, Direct Data Entry, Online Provider Enrollment, Online Prior Authorization, Reduction in Claim Adjudication, and Online Claim Correction.

MDCH along with CNSI is currently in the design phase of the new **CHAMPS** system. The **CHAMPS** system will be implemented in phases and will take up to three years before it is completely operational. The first phases will include the web portal that should be available later 2006, and the Provider Enrollment phase that should be available early 2007.

The Provider Inquirer will include a separate **CHAMPS** section every edition to keep providers informed of the progress and any changes that have been made. For other information please sign-up for the ListServ and attend all future Medicaid Trainings. More information is also posted at our website, www.michigan.gov/mdch, and look for the **CHAMPS** logo that is posted above.

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National Provider Identifier (NPI) Update

Providers and health plans now have less than eleven months to be ready for the NPI. May 23, 2007 is approaching and Medicaid wants to ensure that all Medicaid providers are ready.

The NPI will affect all Medicaid providers. Medicaid will implement policy that states the NPI must be reported on all paper and electronic claims. All Medicaid providers need to make sure they are ready to submit claims with the NPI by May 23, 2007.

Medicaid is incorporating provider training on the NPI with the CHAMPS training. Please look for future trainings at

[>> www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)

Medicaid Provider Training Sessions.

In preparation for the NPI, Medicaid is collecting provider NPIs through the Medicaid Single-Sign-On (SSO) Application. Many providers may be familiar with the SSO system for other Medicaid programs, such as Michigan Childhood Immunization Records (MCIR).

All of the information for the SSO is located at our website. Just visit [>> www.michigan.gov/mdch](http://www.michigan.gov/mdch) >> Providers >> National Provider Identifier (NPI). This will explain the step by step process of registering for first time users and logging into the NPI Collection process.

(National Provider Identifier (NPI) Update, continued on page 4)

Q&A - Multiple Insurances

Q. Follow up to the Q&A - Other Insurances question from the June Provider Inquirer. "I can appreciate that the Medicaid system has limitations in recognizing different kinds of insurance. The computer system I work with is limited to being able to bill three different insurance policies, electronic or otherwise. A paper claim is limited to 3 different insurance areas. If Medicaid is showing more than 3 different insurances, how would I file a claim for a patient who has medical, dental, vision, pharmacy and life insurance?" - Submitted by Merri from Spectrum Health PCP.

A. Medicaid needs all of the other insurances reported on the claim. If you are billing electronically, you will need to work with your billing agent to expand the fields so you can include as many insurances as you need on the electronic claim. If you are billing on paper, you can report the primary and secondary on the claim and all other insurances can be noted in the comments, Field 19. For paper claims make sure to attach all EOB's with the claim.

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National Provider Identifier (NPI) Update, continued

Q&A - Co-Payment Deductions

Q. "Upon reviewing my 05/31/06 remittance advice (RA), I noticed that no co-pays have been deducted. Our staff was instructed to begin collecting co-pays 05/01/06. We now are getting credit balances on the accounts. Can you please advise providers how to handle this situation? Should we stop collecting co-pays? Refund Medicaid the amount we collected from patients?"

A. The Medicaid co-payment policy did go into effect 05/01/06. During the first pay cycles the Medicaid system did not automatically deduct the co-payment amount on the RA. Medicaid was made aware of the issue and the problem was resolved on the 6/14/06 pay cycle. The co-payments are now being deducted on all applicable claims. Medicaid will resubmit replacement claims for all of the claims that the co-payment was not deducted from 05/01/06 - 06/14/06.

Medicaid has currently only collected about 1,200 NPIs from Medicaid providers. If you are a Medicaid provider and you have your NPI, please use the SSO Application and download your NPI today. This will only ensure a smooth transition to the NPI for Medicaid and providers.

Beginning July 2006, Medicaid will begin sending monthly postcards to all providers. These postcards are reminders for provider to obtain their NPIs and inform providers of any changes that Medicaid has with the NPI. All NPI postcards will be mailed in blue.

Medicaid will also be posting ListServ messages about the NPI. If you have not yet signed up, please follow the instructions that are located at the Provider Updates website, under the Provider Tips section to sign-up today.

Medicaid cannot instruct providers on how to enumerate. Medicaid providers will need to determine what is best for

their organization. If you are having problems deciding how to enumerate, please review our NPI website that gives providers questions to think about within their own organization. Also don't forget to check with your billing agents and software vendors to make sure that they will be ready to accommodate the NPI in all of your electronic transactions.

Any questions that providers may have can be directed to the Provider Inquiry Unit at 1-800-292-2550 or ProviderSupport@michigan.gov.

DON'T BE LATE...ENUMERATE!

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Q&A Sections

If you have other questions that you would like to see posted in an upcoming newsletter please submit all questions to ProviderOutreach@michigan.gov. Make sure to include "Provider Inquirer Question" as the subject line.

If you do not wish for your name or company name to be published, please include that in your request. Also include whether you would like a Medicaid representative to answer your question, or if you want your question posted for other providers to respond to.

Thank you to all the Medicaid providers that have submitted questions. Medicaid may not be able to post all questions in the next Provider Inquirer, so if your question was not answered please keep looking in a future edition.

Q&A – MOMS Emergent Coverage

Q. "We get claims denied for beneficiaries with MOMS and emergent/urgent care (ESO) coverage that have been submitted with a pregnancy related diagnoses. Due to an issue within the Medicaid system, in order to get these claims considered for payment, I need to submit these claims to the Research & Analysis department for special consideration. This is a very time consuming process for something that we have no control over. Isn't there an easier way of getting these claims paid and, has there been any discussion of fixing the system error that is causing these claims to be denied?"

A. Due to the issue within the Medicaid system, unfortunately at this time the only way to receive payment for these claims is to submit the paper claim to the Research & Analysis Unit. Make sure you include a cover letter briefly explaining that the beneficiary has MOMS and ESO coverage. With that information the Research & Analysis Unit will be able to resolve the issue with your claim and grant payment for your services.



The State of Michigan offices will be closed:
Tuesday, July 4, 2006 – Independence Day